## BEST AVAILABLE COPY

|   |  |                                  |              |                      |                              |                    |         | Application or Docket Number |                        |       |                            |                        |  |
|---|--|----------------------------------|--------------|----------------------|------------------------------|--------------------|---------|------------------------------|------------------------|-------|----------------------------|------------------------|--|
|   | PATENT A   | PPLICATIO<br>Effect              | RD           |                      |                              | ς                  | 7398    |                              |                        |       |                            |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Co   |  |                                  |              |                      |                              | SMAL<br>mn 2) TYPE |         |                              | L ENTITY OR            |       | OTHER THAN SMALL ENTITY    |                        |  |
| TOTAL CLAIMS  |  |                                  | 524          |                      |                              |                    | R/      | ΙΈ                           | FEE                    |       | RATE                       | FEE                    |  |
| FOR   |  |                                  | NUMBER FILED |                      | NUMBER EXTRA                 |                    | BASI    | C FEE                        | 370.00                 | OR    | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |                                  | 7 minus 20=  |                      | * _                          |                    | X\$ 9=  |                              |                        | OR    | X\$18=                     | 1990                   |  |
| INDEPENDENT CLAIMS  |  |                                  | ( minus 3 =  |                      | *                            |                    | X42=    |                              |                        | OR    | X84=                       | 1                      |  |
| MUI   | LTIPLE DEPEN   | DENT CLAIM PI                    | RESENT       |                      |                              |                    | +140=   |                              |                        |       | +280=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in colum                 |  |                                  |              |                      |                              | olumn 2            |         |                              |                        | OR    |                            | ·92 Z                  |  |
|   |  |                                  |              |                      |                              |                    | ТО      | TAL                          |                        | OR    | TOTAL                      | 7830                   |  |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |                                  |              |                      |                              |                    |         | SMALL ENTITY C               |                        |       | OTHER THAN OR SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVI | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA   | R/      | ATE .                        | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *                                | Minus        | **                   |                              | =                  | X       | 9=                           |                        | OR    | X\$18=                     |                        |  |
|   | Independent  | *                                | Minus        | ***                  |                              | =                  | . X4    | 12=                          |                        | OR    | X84=                       | -                      |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDEN  |                                  |              | T CLAIM              |                              |                    | <br>40= |                              |                        | +280= | ·                          |                        |  |
|   |  |                                  |              |                      |                              |                    |         | TOTAL                        |                        | OR    | TOTAL                      |                        |  |
|   |  | ADDI                             | T. FEE       | <u></u>              | OR                           | ADDIT. FEE         |         |                              |                        |       |                            |                        |  |
|   | -  | (Column 1)<br>CLAIMS             |              |                      | imn 2)<br>HEST               | (Column 3)         | 1       |                              | ADDI-                  | 1     | ·                          | ADDI-                  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT  | -            | PREV                 | MBER<br>IOUSLY<br>D FOR      | PRESENT<br>EXTRA   | R/      | ATE                          | TIONAL<br>FEE          |       | RATE                       | TIONAL<br>FEE          |  |
|   | Total  | *                                | Minus        | **                   |                              | =                  | ]   x   | 9=                           | Ì                      | OR    | X\$18=                     |                        |  |
|   | Independent  | *                                | Minus        | ***                  | _                            | <u> </u> =         | X       | 42=                          |                        | OR    | X84=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDEN  |                                  |              | T CLAIM              |                              | J ├                | 40=     |                              | 1                      |       |                            |                        |  |
|   |  |                                  | •            |                      |                              |                    |         | 40=<br>TOTAL                 |                        | OR    | TOTAL                      | <del> </del>           |  |
|   |  |                                  |              |                      |                              |                    |         |                              |                        | OR    | ADDIT. FEE                 |                        |  |
|   |  | (Column 1)<br>CLAIMS             |              |                      | ımn 2)<br>HEST               | (Column 3)         | ۱       |                              |                        | •     |                            |                        |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT  |              | NU:<br>PREV          | MBER<br>VIOUSLY<br>D FOR     | PRESENT<br>EXTRA   | R       | ATE                          | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *                                | Minus        | **                   |                              | =                  | ]   ×   | \$ 9=                        |                        | OR    | X\$18=                     |                        |  |
| ME  | Independent  | *                                | Minus        | ***                  |                              | =                  | ↓   ×   | 42=                          | 1                      | OR    | X84=                       |                        |  |
| لــّـا  | FIRST PRESE  | NTATION OF N                     | MULTIPLE DE  | PENDE                | NT CLAIN                     | 1                  | ┛┝╴     | 40=                          |                        | 1     |                            |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |                                  |              |                      |                              |                    |         |                              | -                      | OR    |                            |                        |  |
| **  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                  |              |                      |                              |                    |         |                              |                        |       |                            |                        |  |